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TROPICALITY AND ABJECTION: WHAT DO WE REALLY MEAN BY “NEGLECTED TROPICAL DISEASES”?

ABSTRACT

Neglected tropical diseases are defined operationally as diseases that prevail in “tropical” regions and are under-researched, under-funded, and under-treated compared with their disease burden. By analysing the adjectives “tropical” and “neglected,” I expose and interrogate the discourses within which the term “neglected tropical disease” derives its meaning. First, I argue that the term “tropical” conjures the notion of “tropicality,” a form of Othering which erroneously explains the disease-prevalence of “tropical” regions by reference to environmental determinism, rather than colonialism and neocolonialism. Second, I examine the way in which this Othering enables the abjection of tropical regions and their peoples, leading to neglect. I recommend that the term “neglected tropical diseases” be more carefully contextualised within health scholarship, education, and policy.

Keywords: neglected tropical diseases, tropicality, Orientalism, abjection, environmental determinism, colonialism.

Word count: 7329

INTRODUCTION

“Neglected tropical diseases” (NTDs) entered the global health vernacular in the years following the establishment of the United Nations’ Millennium Development Goals, whose aim was to combat poverty and its effects. Until then, NTDs had been bundled together as “other diseases”¹ which languished in the shadow of the comparatively well-funded “big three”—tuberculosis, malaria, and HIV/AIDS—receiving a disproportionately small share of health funding and research attention compared with their disease burden. While “neglected diseases” had been discussed for several decades,² the first tentative references to “neglected tropical diseases” and “neglected

¹ D.H. Molyneux. ‘Neglected’ diseases but unrecognised successes—challenges and opportunities for infectious disease control. *The Lancet* 2004; 364(9431): 380–83: 380–83.

² K.S. Warren. 1986. The great neglected diseases of mankind, or All the world’s an orphanage. Orphan Diseases and Orphan Drugs. Manchester University Press: 169.

diseases of the poor” appeared within the literature in 2002.³ Aided by the advocacy of scientists,⁴ NTDs were officially rebranded at a meeting in Berlin in 2005, and became a conventional category which has spawned an established area of scholarship and elicited a more substantial, if still inadequate, public health response.⁵ The term reflects the advocacy work that generated it; “neglect” was intended to provoke the attention of donors and policymakers, and announce the urgency of the problem; “tropical” was intended to indicate the regions in which these diseases prevail.⁶

A decade and a half after the establishment of the category in its current form, NTDs are still neglected, though they afflict over a sixth of the world’s people.⁷ In 2013, more than two billion NTD cases were recorded, amounting to around twenty-five million disability-adjusted life years.⁸ Significant reductions in the prevalence of some NTDs have been noted over the last two decades, including the control of lymphatic filariasis in China and South Korea, and of Chagas disease in five South American states, as well as the elimination of river blindness as a major public health problem in ten West African states, and of leprosy in 119 states.⁹ However, meaningful reductions are yet to be seen for NTDs as a whole, and for at least three diseases, substantial

³ J.H.F. Remme, et al. Strategic emphases for tropical diseases research: a TDR perspective. *Trends Parasitol* 2002; 18(10): 421–26: 421–26.

⁴ D.H. Molyneux, et al. ‘Rapid-Impact Interventions’: How a Policy of Integrated Control for Africa’s Neglected Tropical Diseases Could Benefit the Poor. *PLOS Med* 2005; 2(11): e336: e336.

⁵ L. Savioli, et al. *Neglected tropical diseases: The development of a brand with no copyright. A shift from disease-centered to a tool-centered strategic approach*. National Academies Press (US).

⁶ P.J. Hotez. The neglected tropical diseases and the neglected infections of poverty: overview of their common features, global disease burden and distribution, new control tools, and prospects for disease elimination. *Causes Impacts Neglected Trop Zoonotic Dis Oppor Integr Interv Strateg* 2011; 221: 221.

⁷ WHO | World Health Organization. *WHO*. Available at: http://www.who.int/neglected_diseases/diseases/en/ [Accessed 2 January 2018].

⁸ J.R. Herricks, et al. The global burden of disease study 2013: What does it mean for the NTDs?. *PLoS Negl Trop Dis* 2017; 11(8): e0005424: e0005424.

⁹ D.H. Molyneux, & M.N. Malecela. Neglected Tropical Diseases and the Millennium Development Goals-why the “other diseases” matter: reality versus rhetoric. *Parasit Vectors* 2011; 4(1): 234: 234.

increases in incidence have been observed.¹⁰ Though NTDs tend to cause high morbidity rather than high mortality, the cost in terms of suffering and loss of opportunity is considerable, and continues to contribute to the poverty of “tropical” regions.¹¹ NTDs have been described as “diseases of the ‘bottom billion’—the poorest one-sixth of the world's population, amongst whom they cause tremendous suffering through acute illness, long-term disability and early death.”¹²

The “core” NTDs according to the World Health Organization (WHO) are: ascariasis, trichuriasis, schistosomiasis, lymphatic filariasis, onchocerciasis, dracunculiasis, which are caused by parasitic worms; Buruli ulcer, leprosy, and trachoma, which are caused by bacterial infections; and human African trypanosomiasis, Chagas disease, and Leishmaniasis, which are caused by protozoan infections.¹³ Therefore, unlike conventional disease classifications, NTDs have no *scientific* basis in common. Rather, they are defined operationally on the basis of the ostensible commonality of their spatial epidemiology and their mutual marginalisation in terms of research and funding. This is evident in the definition given by the WHO, which recognises the diversity in terms of conventional medical taxonomy, yet the similarity in terms of social determinants. Accordingly, NTDs are:

a diverse group of communicable diseases that prevail in tropical and subtropical conditions in 149 countries – affect more than one billion people and cost developing economies billions of dollars every year. Populations living in poverty, without adequate sanitation and in close contact with infectious vectors and domestic animals and livestock are those worst affected.¹⁴

¹⁰ Herricks, *et al.* (cited n. 8) : e0005424.

¹¹ Hotez (cited n. 6) : 221.

¹² N. Feasey, *et al.* Neglected tropical diseases. *Br Med Bull* 2009; 93(1): 179–200: 179–200.

¹³ A. Fenwick. The global burden of neglected tropical diseases. *Public Health* 2012; 126(3): 233–36: 233–36.

¹⁴ (Cited n. 7) . Available at: http://www.who.int/neglected_diseases/diseases/en/ [Accessed 2 January 2018].

In other words, the category of NTDs is socially constructed, which is to say that the category was produced as a result of certain diseases becoming an object of interest as a collective. By contrast, the categories of (say) cancers or allergies are *not* socially constructed, since their grouping is due to objective commonalities, to wit: abnormal cell growth with the potential to spread, and immune hypersensitivity involving immunoglobulin E antibodies.¹⁵ The existence of the category of NTDs tells us little about the inherent properties of its constituents, but reveals a good deal about the social and political conditions of the world we live in, and the interests of those who developed the category and those who use it. Another way of putting this is that NTDs are a *social kind*, while many other disease classifications may be seen as *natural kinds*.¹⁶

There is a specific history to this social construction. Savioli *et al.*, who were among the leading advocates for the NTD category, describe the classification as the creation of a *brand*, and in doing so, emphasise the pragmatic concerns of those attempting to place these diseases on the global health agenda to compete with other pressing global health challenges for limited funding. They describe the approach of advocates as they attempted to peddle an expedient narrative, which relied on “strategic rethinking and a move away from a “theoretical,” structural classification based on disease biology toward a “practical” one based on the available tools employed to control such diseases.”¹⁷ The “available tool” to which they refer, and around which the category is pragmatically designed, is mass drug administration, in which pharmaceutical therapies are dispensed to whole populations in order to reduce disease prevalence.¹⁸ Yet, as this

¹⁵ Note the distinction between socially constructed disease categories, and socially-determined diseases. Cancer is not socially constructed, but is obviously socially determined, as are most diseases.

¹⁶ See e.g. I. Hacking. *The Social Construction of What?* Harvard University Press.

¹⁷ Savioli, *et al.* (cited n. 5).

¹⁸ P.J. Hotez, et al. Rescuing the bottom billion through control of neglected tropical diseases. *The Lancet* 2009; 373(9674): 1570–75; 1570–75; M. Parker, & T. Allen. Does mass drug administration for the integrated treatment of neglected tropical diseases really work?

paper will explore, NTDs are primarily socially and politically determined, and without broader socioeconomic changes, pharmaceutical solutions (where they are available) are liable to deliver only short-term benefits.¹⁹ While this paper will explore the discourses within which the NTD category sits, it is important to hold in mind the performative function of the term within the strategy that Savioli *et al.* outline, and the importance within global health of constructing a compelling narrative in order to attract attention to an issue.²⁰ These are not separate spheres: pragmatic decisions almost always supervene on, and bear the fossils of, the discourse within which they are mandated.

Inclusion in the NTD category requires that two conditions are met: (a) the disease is “neglected” in the sense that its share of funding, research, and development seems disproportionate to its disease burden; (b) its core distribution spans “tropical” regions. The usefulness of the descriptor relies on there being sufficiently many diseases meeting these two criteria for the category to be functional and expedient. The WHO prioritises twenty NTDs;²¹ a Public Library of Science journal dedicated to NTDs lists almost forty.²² That there are so many under-researched and under-funded diseases concentrated in “tropical” world regions is as telling as it is concerning.

In this paper I analyse the term “neglected tropical disease” with a view to criticising the discourses which give the term its meaning, and exploring the limits of its usefulness. To this end, I show that the word “tropical” derives from and entrenches the discourse of “tropicality” which essentialises the disease-prevalence of “tropical”

Assessing evidence for the control of schistosomiasis and soil-transmitted helminths in Uganda. *Health Res Policy Syst* 2011; 9(1): 3: 3.

¹⁹ M. Parker, et al. NEGLECTED TROPICAL DISEASES IN BIOSOCIAL PERSPECTIVE. *J Biosoc Sci* 2016; 48(S1): S1–15: S1–15.

²⁰ J. Shiffman. A social explanation for the rise and fall of global health issues. *Bull World Health Organ* 2009; 87: 608–13: 608–13.

²¹ WHO. 2018. *Neglected tropical diseases*. WHO. Available at: http://www.who.int/neglected_diseases/diseases/en/ [Accessed 21 June 2018].

²² PLOS Neglected Tropical Diseases: A Peer-Reviewed Open-Access Journal. . Available at: <http://journals.plos.org/plosntds/s/journal-information> [Accessed 29 June 2018].

regions, and Others their peoples. This, in turn, contributes to the “abjection” or “casting off” of affected regions and peoples from the global moral community, leading to the condition of “neglect” we observe. While this paper is the first to apply the notion of tropicality to neglected tropical diseases, it draws on the work of various scholars of tropicality, and on João Nunes’ recent work on the neglect of Ebola.²³ The target of my critique are the discourses within which global (health) inequality exists and is perpetuated, rather than any particular actor(s), though I hope this paper will find an audience among global health scholars and practitioners, who have some influence on the way discussions around disease are framed. In better understanding the way in which tropicality and abjection affect our collective understandings of the determinants of disease and empathy, the prospects for tackling some of the structural barriers to the elimination of NTDs is improved.

The article is structured as follows. In section one, I describe the idea of “tropicality” in relation to NTDs, and interrogate the environmental determinism that is implied by the term. In section two, I analysis the concept of neglect, and suggest that the failure to eliminate NTDs has been facilitated by the “abjection” that tropicality fosters. Section three brings together these concerns, and recommends that the discussion of NTDs is better contextualised with respect to the structural factors which underwrite their disease burden, thereby paving the way for the critical analysis that promises to improve the prospects for their elimination. Section four concludes.

1. TROPICALITY AND ENVIRONMENTAL DETERMINISM

[B]y their unhealthiness tropical lands are much less favourable than temperate regions to the formation and perpetuation of [...] high civilisation.

²³ J. Nunes. Ebola and the production of neglect in global health. *Third World Q* 2016; 37(3): 542–556: 542–556.

Pierre Gourou, *Les Pays Tropicaux*.²⁴

[A]mid certain correct observations, there is expressed the fundamental thesis, biased and unacceptable, that there has never been a great tropical civilization, that great civilizations have existed only in temperate climates, that in every tropical country the germ of civilization comes, and can only come, from some other place outside the tropics, and that if the tropical countries are not under the biological curse of the racists, there at least hangs over them, with the same consequences, a no less effective geographical curse.

Aimé Césaire, on Gourou's, *Les Pays Tropicaux*.²⁵

Orientalism, as discussed by Edward Said,²⁶ refers to the portrayal of people and cultures of the so-called Orient in the Western imaginary. Asia and North Africa have long been depicted as the West's "Other:" inferior in intellectual, cultural, and moral terms, yet simultaneously romanticised as curious, mysterious, and desirable. Said notes that "the Oriental, like the African, is a member of a subject race and not exclusively an inhabitant of a geographical area."²⁷ Those who are Othered are not viewed as self-determining individuals inhabiting places; unlike Western subjects, they are considered to be determined by their geography, climate, biology, or culture. Orientalism is not merely a representation, because those producing the representations have the power and epistemic privilege to render them as truths. Those "truths" serve pragmatic agendas. For example, portrayals of particular ethnic, religious, or national groups as irredeemably violent, or submissive and subjugated, have been variously used to justify Western imperial ambitions and military intervention or alliance.²⁸

²⁴ P. Gourou. *Les pays tropicaux: Principes d'une géographie humaine et économique*. Paris: Presses Universitaires de France: 49.

²⁵ A. Césaire. *Discourse on colonialism*. Monthly Review Press.

²⁶ E. Said. *Orientalism*. 1978. *N Y Vintage* 1979; 199.

²⁷ *Ibid.* : 92.

²⁸ A. Shahvisi. Beyond orientalism: exploring the distinctive feminism of democratic confederalism in Rojava. *Geopolitics* 2018; 1–25: 3–7.

Orientalism is a discourse, in the sense described by Foucault²⁹ to describe the summation of the background assumptions, rules, and norms which give texts their meaning. Discourses trace power within a particular social system, and “systematically form the objects of which they speak”³⁰ while remaining largely invisible to those who produce and use those texts. One way of exposing and appraising a discourse is to study the texts produced within it, which inevitably bear the impressions of the underlying values. Said recommended that texts be read “not univocally but *contrapuntally*”³¹ which is to say, not just from the perspective of the producer of the text, but also from the perspective of the Other. To do so allows one to move outside the discourse and begin to resist it. Here, I attempt to read the terms “tropical” and “neglected” contrapuntally.

The word “tropical” performs a similar function to Orientalism, producing the concomitant discourse of “tropicality,” which also constructs the tropics as the West’s Other.³² The peoples, climate, landscapes, and cultures of Global South regions are portrayed as inferior to those of the Global North, through a perceived association with disease, poverty, superstition, corruption, and inefficiency, yet nonetheless represented as alluring, through the association with warm weather, striking scenery, lush vegetation, and exotic people and cultures. Tropicality constructs the temperate regions of the world as normal, moderate, healthy, and conducive of hard work, while tropical regions are rendered as extreme, unhealthy, indolent places.³³ Consider how the word “tropical” conjures, on the one hand, the common Western trope of the palm-fringed

²⁹ M. Foucault. *The archeology of knowledge*, trans. AM Sheridan Smith. *Lond Tavistock* 1972.

³⁰ *Ibid.* : 49.

³¹ E.W. Said. *Culture and Imperialism*. London: Chatto & Windus: 59.

³² D. Arnold. *Problem of Nature: Environment, Culture and European Expansion*. Oxford, Eng. ; Cambridge, Mass: John Wiley & Sons.

³³ D. Clayton, & G. Bowd. Geography, tropicality and postcolonialism: Anglophone and Francophone readings of the work of Pierre Gourou. *L’Espace Géographique* 2006; 35(3): 208–221: 208–221.

paradise and lurid drink with a cocktail umbrella, and on the other hand the torrid realm of the primitive, dangerous, and sick. Contrast tropical islands and tropical fruits with tropical diseases and tropical storms. There are tacit relations of power within the descriptor “tropical,” which tell us about the actors asserting that power or being subjugated by it. One must ask, who is this discourse for? Who does it centre? Tropicality constructs the Global North as epicentre, and the term “tropical diseases” imply a kind of “environmental Eurocentrism.”³⁴ “Temperate” climates are seen as normal, typical climates, and share an etymology with the Aristotelian virtue of temperance; the obvious implication seems to be that if temperate climates are the world’s mild, balanced climates, so too are their peoples those with mild, balanced characters.³⁵

Tropical regions were discursively constructed towards the end of the colonial “Age of Discovery,” in the eighteenth and nineteenth centuries. Concurrently, “tropical medicine” emerged as a field, and was from its first conception bound up with colonialism, forming part of a broader project of rendering colonised regions habitable for white settlers.³⁶ Consider this excerpt from an article in the *British Medical Journal* in 1897: “Get rid of or avoid these disease germs and we get rid of a principal obstacle to the colonization of the tropics by Europeans.”³⁷ The Liverpool School of Tropical Medicine was established to serve the city’s colonial trade, while at its founding, the London School of Tropical Medicine had close links to the Colonial Office, to whose medical officers it provided training.³⁸ Tropical medicine was also itself used as a tool of colonialism, creating dependence among colonial subjects. In 1916, the president of

³⁴ Ibid. : 210.

³⁵ See e.g. G.-L.L. Buffon. *Natural history: general and particular*. London.

³⁶ A. Bashford. ‘Is White Australia possible?’ Race, colonialism and tropical medicine. *Ethn Racial Stud* 2000; 23(2): 248–71: 248–71.

³⁷ Quoted in: J. Farley. *Bilharzia: A History of Tropical Imperial Medicine*. Cambridge: Cambridge University Press: 3.

³⁸ Bashford (cited n. 36) : 2.

the newly-founded Rockefeller Foundation, John D. Rockefeller, Jr., noted that “[F]or purposes of placating primitive and suspicious peoples, medicines have some advantages over machine guns.”³⁹

Like the Orient, the tropics must therefore be understood “as a conceptual, and not just physical, space.”⁴⁰ After all, “tropical” does not just describe a climate or a geography, it describes a historical project and carries a set of value-laden associations. It might be objected that, unlike the Orient, the tropics *do* constitute a natural kind in terms of climate and physical geography, and that these factors unavoidably influence the character of the regions, especially with respect to disease type and prevalence. I will now tackle this objection.

The regions known as the tropics lie either side of the equator, within the imaginary lines of the Tropic of Cancer and the Tropic of Capricorn, which form the limits of the region of Earth at which the sun is able to reach its zenith. Within this band lie many of the regions typically associated with high disease burden. Environmental determinism, the idea that the physical environment is determinative of the characteristics of societies, is often employed in explaining the disease burden of these “tropical” regions. The contention that the winters of temperate regions are primarily responsible for limiting infection by forcing the dormancy of particular disease vectors (e.g. mosquitoes), thereby stemming disease transmission, is rarely challenged. Yet it is widely known that some diseases that are now presumed to be typical of, or even unique to, tropical regions, were once endemic globally. For example, in the nineteenth century malaria was a major public health concern as far north as Finland, where summer temperatures rarely exceed 16 degrees Celsius.⁴¹ Podoconiosis, which causes

³⁹ Quoted in: E.R. Brown. Public health in imperialism: early Rockefeller programs at home and abroad. *Am J Public Health* 1976; 66(9): 897–903: 897–903.

⁴⁰ Arnold (cited n. 32).

⁴¹ L. Huldén, et al. Endemic malaria: an ‘indoor’ disease in northern Europe. Historical data analysed. *Malar J* 2005; 4(1): 19: 19.

oedema of the lower extremities due to long-exposure to irritant soils, is now prevalent only in tropical regions, but once affected people in Scotland.⁴² Shoe-wearing practices have eliminated the disease in all but the most deprived world regions.⁴³

Whilst climate is clearly implicated in the ease of transmission of certain diseases,⁴⁴ clearly the most decisive factor in controlling or eliminating disease is the quality of health systems, and the social determinants of health of those affected, both of which are strongly determined by economic and political factors. As Feasey *et al.* point out, NTDs may “predominate in the tropics, but their predilection for hot places results principally from the fact that poverty is found in greatest concentration in the remote rural communities, urban slums and displaced populations.”⁴⁵ Explanations from environmental determinism mistake correlation for causation; NTD prevalence is a result of poverty, not tropical weather.

This mismatch between geography and disease prevalence can be understood by noting the migration of NTDs, and their incidence in Global North contexts. Hotez describes how the unsanitary conditions of the Middle Passage and life under slavery resulted in the importation of NTDs from West Africa. Various NTDs are endemic even now amongst the most impoverished populations in the Caribbean and Latin America, “keeping alive the tragic heritage of the Middle Passage” and acting as a reminder that disease geography is a human construct.⁴⁶ Other NTDs, such as acariasis, Chagas disease, and dengue fever, affect millions of mostly African American and Hispanic

⁴² E.W. Price. *Podoconiosis: non-filarial elephantiasis*. Oxford University Press.

⁴³ A. Shahvisi, et al. A Human Right to Shoes? Establishing Rights and Duties in the Prevention and Treatment of Podoconiosis. *Health Hum Rights* 2018; 20(1).

⁴⁴ Consider the way in which climate change threatens to change the geography of “tropical” diseases, e.g.: X.-N. Zhou, et al. Potential Impact of Climate Change on Schistosomiasis Transmission in China. *Am J Trop Med Hyg* 2008; 78(2): 188–94; J.C. Semenza, & B. Menne. Climate change and infectious diseases in Europe. *Lancet Infect Dis* 2009; 9(6): 365–75: 365–75.

⁴⁵ Feasey, *et al.* (cited n. 12) : 180.

⁴⁶ P. Hotez. Neglected diseases amid wealth in the United States and Europe. *Health Aff (Millwood)* 2009; 28(6): 1720–1725: 1723.

residents of the Appalachian, Southern, and Mexico borderland regions of the United States, and thousands of cases of ascariasis, trichuriasis, helminth infections, and Chagas disease are present in the poorest areas of Southern Europe. These regions are far from the tropics, but the people who are most commonly affected, like their Global South counterparts, also contend with poverty and racialisation, and many are migrants.⁴⁷

It is easy to see why the environmental determinism discourse is so attractive. Like other kinds of physical determinism,⁴⁸ it conveniently represents injustices as deriving from unalterable aspects of our physical world, which exonerates all actors of moral responsibility. It is a “useful rationale for blaming the poverty and inequitable distribution of material goods of the people living in these regions squarely on nature.”⁴⁹ Not only are potentially constructive discussions about political and economic determinants undermined by assumptions about environmental determinism, but Global North interventions are then easily framed as charity or aid, proffered as supererogatory acts of kindness, rather than as justice in the form of reparation or redistribution. Representing crimes as accidents transforms ameliorative interventions into acts of rescue.

Classical environmental determinism is patently spurious as an explanation for NTD prevalence, but environment does play a role, albeit an indirect one. NTDs proliferate in the Global South because that is where poverty is greatest and health systems are weakest. Weak health systems are a result of several factors, the most prominent of which are weak economies, which have been shown to be a predictable effect of

⁴⁷ Hotez (cited n. 46) : 1720–1725.

⁴⁸ Consider the way in which biological determinism is deployed to justify sexism and racism.

⁴⁹ G. Bankoff. Rendering the world unsafe: ‘vulnerability’ as western discourse. *Disasters* 2001; 25(1): 19–35: 19–35.

colonisation⁵⁰ and (relatedly) weak governance, which is also a typical artefact of colonial rule.⁵¹ It is also important to note the effect of *neocolonialism*, the continuation of the dynamic of political and economic power between Global North and “postcolonial” states, which former president of Ghana Kwame Nkrumah described in the following terms:

foreign capital is used for the exploitation rather than for the development of the less developed parts of the world. Investment, under neo-colonialism, increases, rather than decreases, the gap between the rich and the poor countries of the world. The struggle against neo-colonialism is not aimed at excluding the capital of the developed world from operating in less developed countries. It is aimed at preventing the financial power of the developed countries being used in such a way as to impoverish the less developed.⁵²

Neocolonialism is embedded into rules of the global economic system, which are engineered to favour Global North economic interests.⁵³ Global South states are vulnerable to illicit financial flows⁵⁴ and subject to aggressive debt-collection as they attempt to strengthen economies ravaged by colonialism. Many Global South states have been subject to structural adjustment of their economies as a condition for receiving further loans, which has required the dismantlement or privatisation of state-funded health services, with disastrous effects on health outcomes.⁵⁵ Economist Robert Pollin estimates that structural adjustment policies cost Global South states 480 billion

⁵⁰ M. Bruhn, & F.A. Gallego. Good, bad, and ugly colonial activities: do they matter for economic development?. *Rev Econ Stat* 2012; 94(2): 433–461: 433–461.

⁵¹ R.F. Tusalem. The Colonial Foundations of State Fragility and Failure. *Polity* 2016; 48(4): 445–495: 445–495.

⁵² K. Nkrumah. *Neo-Colonialism: The last stage of imperialism*. London: Thomas Nelson and Sons.

⁵³ R.H. Wade. Is globalization reducing poverty and inequality?. *World Dev* 2004; 32(4): 567–589: 567–589.

⁵⁴ Such as trade mispricing and other forms of tax avoidance. See e.g.: G. Brock, & T. Pogge. Global tax justice and global justice. *Moral Philos Polit* 2014; 1(1): 1–15: 1–15.

⁵⁵ For specific examples, see e.g. M. Turshen. The impact of colonialism on health and health services in Tanzania. *Int J Health Serv* 1977; 7(1): 7–35: 7–35; T.A. Aidoo. Rural health under colonialism and neocolonialism: a survey of the Ghanaian experience. *Int J Health Serv* 1982; 12(4): 637–657: 637–657; H. Coovadia, et al. The health and health system of South Africa: historical roots of current public health challenges. *The Lancet* 2009; 374(9692): 817–834: 817–834.

dollars each year between 1995 and 1999, amounting to a loss of 2.4 trillion dollars⁵⁶—a substantial neocolonial extraction. To make matters worse, many Global North healthcare systems rely on global wealth gradients to be able to poach migrant health-workers trained at the expense of other states, leaving behind health-worker deficits which further weaken Global South health outcomes.⁵⁷

Yet this only shifts the question to another level: why were *those* regions targeted by colonial powers? The presence of abundant natural resources in tropical regions, owing to properties of the physical environment, notably the particular climatic and geological features, made these regions attractive.⁵⁸ This is a form of *pseudo*-environmental determinism: environmental factors do determine state-building and development, albeit *indirectly*. Unlike classical environmental determinism, pseudo-environmental determinism interposes the critical human element without which explanations are liable to be misleadingly truncated and morally adrift: namely, colonialism. Its reinstatement has the important effect of restoring the possibility of responsibility, and establishes the contingency of Global South poverty.

Far from being a colonial-era notion, tropicality is alive and well in political discourses. In 2018, US president Donald Trump Jr. referred to Haiti and African nations as “shithole countries” whose nationals were not welcome as migrants to the US.⁵⁹ Some commentators have focussed on the way in which these remarks associate the people

⁵⁶ R. Pollin. *Contours of descent: US economic fractures and the landscape of global austerity*. Verso: 165–67.

⁵⁷ This is known as “brain drain.” See e.g. A. Shahvisi. Health worker migration and migrant healthcare: Seeking cosmopolitanism in the NHS. *Bioethics* 2018; 0(0).

⁵⁸ Colonisation was also facilitated by new kinds of expedient racism, prompted by the presence of apparently phenotypically different indigenous populations practising unfamiliar cultures and religions. (This is another form of indirect environmental determinism, since eumelanin quantities in the skin are determined by evolutionary pressures posed by the climate of one’s ancestors). Producing discourses of racial, moral, and cultural superiority allowed colonisation to proceed without the moral qualms that fledgling European philosophies of egalitarianism may otherwise have mandated. See e.g. R. Benedict. *Race and racism*. Taylor & Francis.

⁵⁹ J. Dawsey. Trump derides protections for immigrants from ‘shithole’ countries. *Wash Post* 2018; 12.

of these countries with “shit:” with dirt, disease, and undesirability.⁶⁰ One can also examine the term “shithole” as a descriptor which more generally denigrates places and their people. “Shithole” places have been theorised as those Othered by “territorial stigma”⁶¹ In such cases, powerful people often “claim the debate and replicate the same tropes of race, physical dereliction, and class to create a discourse of denigration for political or economic ends.”⁶² Such places are described by Wacquant as those “rife with crime, lawlessness and moral degeneracy where only the rejects of society could bear to dwell.”⁶³ Those doing the stigmatising create distance between themselves and the undesirability of “shithole” places. I will return to this act of distancing in more detail in the next section.

While Trump’s comments quite rightly caused outrage, he voiced a sentiment which is not uncommon in the Global North when referring to the poverty, instability, and disease-prevalence of the Global South. “Shithole countries” is an insensitive term because of its crudeness, jocularity, and callousness, not to mention the racist context in which it was used. But the discomfort provoked by the term “shithole” countries points to a moral issue that is also suggested, if not intended, by the term “neglected tropical disease.” Both attribute negativity to world regions that are undoubtedly troubled without inviting interlocutors to interrogate the reasons for their plight or the role that the Global North (the non-“shithole” countries) have played in its production and perpetuation.

“Tropical” places and “tropical” people are Othered; they are understood as being different in some significant and indelible sense which ultimately amounts to inferiority

⁶⁰ S. Newell, & L. Green. Putting dirt in its place: the cultural politics of dirt in Africa. *Soc Dyn* 2018; 44(1): 1–5: 1–5.

⁶¹ A. Butler, et al. What does it mean when people call a place a shithole? Understanding a discourse of denigration in the United Kingdom and the Republic of Ireland. *Trans Inst Br Geogr* n.d.; 0(0).

⁶² Ibid. : 15.

⁶³ L. Wacquant. *Urban Outcasts: A Comparative Sociology of Advanced Marginality*. Polity.

and dehumanisation. Their misfortune is attributed, in large measure, to excesses of climate, landscape, culture, and biology. This obscures the determinative role of European colonisation and economic marginalisation in the production of inadequate health outcomes.

In the next section I explore the way in which tropicality mediates the marginalisation of “tropical” places and people within global health, leading to neglect.

2. ABJECTION AND THE POLITICAL ECONOMY OF NEGLECT

[W]hen you see how the people live, and still more how easily they die, it is always difficult to believe that you are walking among human beings. All colonial empires are in reality founded upon that fact. The people have brown faces--besides, there are so many of them! Are they really the same flesh as yourself? Do they even have names? Or are they merely a kind of undifferentiated brown stuff, about as individual as bees or coral insects? They rise out of the earth, they sweat and starve for a few years, and then they sink back into the nameless mounds of the graveyard and nobody notices that they are gone.

George Orwell, *Marrakech*.⁶⁴

The inclusion of “neglect” within the NTD brand was a political stratagem, intended to mobilise treatment and prevention for diseases that received an inadequate share of global health attention. In this section I analyse the term, and describe the way in which tropicality leads to the “abjection” of the people of “tropical” regions, who are left outside the realm of moral consideration.

On an everyday reading, neglect signals a failure to care for something properly, to omit to pay due attention, or to disregard it. Legal and moral definitions of neglect refer to abuse which occurs via negligence to attend to a particular duty. Neglect is understood to be *passive* failure, tantamount to forgetfulness, carelessness, and omission of duty. For there to be neglect, there must be referents for the neglecter and the neglected. While the health needs of the people of “tropical” regions are

⁶⁴ G.M. Orwell. *A Collection of Essays*. 1954. New York: Doubleday Anchor Books.

undoubtedly neglected, the identity of the neglecter, and the nature of the neglect, is rarely spelled out. Yet a normative discourse is unavoidable. Parker *et al.* note that while diseases are assumed to belong to the realm of the biological, neglect necessarily “arises from social priorities, social relations and social behaviour.”⁶⁵ Jackson and Stephenson emphasise that where “there is neglect, as in a failure to respond to a need, there must be a legitimate underlying imperative for action that has not been realised. [...] Neglect [...] justifies demands for urgent action.”⁶⁶

To claim that the diseases under the NTD umbrella are *neglected* is to imply that (a) attending to the needs of the people of “tropical” regions is in the first place seen as a duty, and that (b) this duty is being unintentionally ignored or overlooked. In what follows I will adjudicate these propositions, and show that neither is straightforwardly true. If that is the case, then perhaps “neglect,” at least in its everyday sense, is not the right descriptor.

First, it is important to apprehend the relationship between “neglected” and “tropical.” One reason why Global South needs are not seen as a duty is the dominance of a discourse about the geographical distribution of poverty which is not properly historicised, and therefore disguises explanatory causal arrows, portraying Global South poverty and illness as timeless and inevitable. Tropicality plays an important role in obscuring the determinative role of colonialism and neocolonialism in global health, entrenching the red herring of environmental determinism. Specifically, “tropical” (like “shithole”) categorises places and their peoples as outliers to the moral intuition that one ought to “do unto others as you would have them do unto you,” since the “others” in question are in fact “Others” in the sense produced by tropicality (or Orientalism).

⁶⁵ Parker, *et al.* (cited n. 19) : S1–15.

⁶⁶ Y. Jackson, & N. Stephenson. Neglected tropical disease and emerging infectious disease: An analysis of the history, promise and constraints of two worldviews. *Glob Public Health* 2014; 9(9): 995–1007: 995–1007.

The violation of that moral intuition requires that the Otherness be continually maintained. As Nunes puts it “neglect does not just happen; it is made to happen [...] neglect by apathy is the result of processes that shape the sphere of moral obligation – apathy is in fact a denial of empathy and a failure to care about the plight of others.”⁶⁷

Nunes⁶⁸ describes neglect of Ebola during the 2014 outbreak as a consequence of “abjection,” a term coined by Julia Kristeva⁶⁹ in the context of psychoanalysis to describe the process by which one “casts off” what is threatening, disgusting, or unpleasant, in order to form oneself as a subject. Abjection is not the same as objectification, where the object is generally desired by the subject, and poses little or no threat. Rather, the object is the opposite against which the subject is defined, and is therefore repugnant and terrifying, a hazard to the identity and robustness of the self.⁷⁰ In the context of disease, neglect is made possible by abjection, as particular groups and geographical regions are constructed as “alien (that is, outside the sphere of moral obligation); disgusting (triggering an unpleasant emotional reaction); and beyond any possibility of improvement.”⁷¹ The scaling up of abjection from individual subject formation to its application to social groups has been developed under the label “social abjection.”⁷²

Abjection is the affective cousin of tropicality, and is similarly characterised by a bricolage of inescapable proximity and repulsion. While tropicality represents Global South regions and their peoples as inherently different from the people of the Global North, abjection describes the emotional result: a continual rejection and disavowal, a failure to empathise, which may amount to a failure to act.

⁶⁷ Nunes (cited n. 23) : 546.

⁶⁸ Nunes (cited n. 23) : 542–556.

⁶⁹ J. Kristeva. *Powers of horror: An essay on abjection* (L. Roudiez, Trans.). *N Y Columbia* 1982.

⁷⁰ I.M. Young. *Justice and the Politics of Difference*. Princeton University Press: 144.

⁷¹ Nunes (cited n. 23) : 548.

⁷² I. Tyler. *Revolt subjects: Social abjection and resistance in neoliberal Britain*. Zed Books Ltd.

People of the Global South are people of colour, and their abjection is strongly racialised. Black bodies, in particular, are seen as synonymous with disease and disaster. As Comoroff notes, in the colonial era, Africans “personified suffering and degeneracy,” and as the colonial project was realised, “the black body became ever more specifically associated with degradation, contagion, and disease.”⁷³ Similar associations persist in the modern era through television reporting and charity advertisements, where bodies of colour are presented as pitiful, pathetic, and defective.⁷⁴ While these images and associations induce sympathy in many, the Othering effect of tropicality blocks the expression of empathy, and facilitates a casting off. In order to be able to withdraw from emotional engagement with the suffering of certain groups (those affected by NTDs, for example), which is necessary to protect an identity which would be threatened by empathy, those groups must be framed as inherently and irredeemably sick, bad, undesirable, unworthy. Balaji describes the racialisation of pity:

Simply put, if we view the victims as equal, we empathize and draw from our own experiences to find connection. If we view victims as an Other, we tend to show pity: an emotion that places some distance between the subject and the object.⁷⁵

Pity and empathy are not morally equivalent, and do not mandate the same kind of response. Those who are pitied evoke sorrow, and may require “charity”; those with whom one empathises provoke outrage, and require redress. The stories of those we pity are rarely sought; rather, they are told by others, since “the one pitying holds the power over the pitied.”⁷⁶ The stories of those we empathise with are sought and told in

⁷³ J. Comaroff. 1993. The diseased heart of Africa: medicine, colonialism, and the black body. In S. Lindenbaum, & M.M. Lock, eds. *Knowledge, power and practice: The anthropology of medicine and everyday life*. University of California Press: 305–329.

⁷⁴ S. de Laat, & V. Gorin. Iconographies of humanitarian aid in Africa. *Humanit Policy Group Overseas Dev Inst* 2016; 15: 15.

⁷⁵ M. Balaji. Racializing pity: The Haiti earthquake and the plight of ‘others’. *Crit Stud Media Commun* 2011; 28(1): 50–67: 54.

⁷⁶ *Ibid.* : 51.

their own voices. Abjection can lead only to pity, from which little is learned. Instead, “Others are left to dwell in the subaltern, their identities marginalized and indistinguishable.”⁷⁷

Where Global South needs *are* seen as a duty, the nature of the duty bears examination. Poverty or disease alleviation efforts are described in the Global North as “aid” or “humanitarianism” and occur within a discourse of charity, rather than duty. Livingstone describes the “tendency to use climatic conditions as a vehicle for the transportation of western moral freight.”⁷⁸ In other words, not only has climate been used to explain the disease character of certain world regions, it has also been relied upon to render the peoples of tropical regions as morally deficient or unworthy of moral consideration. This enables the process of abjection. If we are led to believe that a person’s suffering is a result of factors that lie outside of anyone’s control, rather than a result of external wrongdoing, we are liable to absolve ourselves of any duty to intervene.

As I have shown, “tropical” disease research was historically driven by the needs of colonial powers. More recently, its modern equivalent has been motivated by the need to contain infectious diseases which could spread to Global North regions. Neither of these incentives applies to the diseases under the NTD umbrella at this moment, since most of the diseases therein do not spread easily, and are easily treated where they affect those who have access to medical resources.⁷⁹ Lakoff describes a major fault-line in global health between a “global health security” framing, in which infectious diseases which *might* threaten the Global North are prioritised, and “humanitarian biomedicine,” in which diseases of poverty which *actually* affect the Global South are

⁷⁷ Ibid. : 66.

⁷⁸ D.N. Livingstone. Race, space and moral climatology: notes toward a genealogy. *J Hist Geogr* 2002; 28(2): 159–180: 162.

⁷⁹ Hotez (cited n. 6) : 221.

the focus.⁸⁰ Ebola may be seen as a test-case which straddles the two models, and the global response to the 2014 outbreak in West Africa seems to suggest the former paradigm has the upper hand.⁸¹

Pharmaceutical interest in NTDs has dwindled, contributing to the epistemic and therapeutic lacunae that constitute the neglect. A recent study demonstrates the disparity between disease burden and drug innovation, suggesting that urgent intervention is needed to align pharmaceutical interests with global health needs.⁸² As Trouiller *et al.* note:

The discovery and development of most of the current tropical pharmacopoeia was driven by colonial requirements during the first part of the 20th century. As Western interests drifted away from these regions, tropical diseases have become progressively neglected, mainly because they do not offer sufficient financial returns for the pharmaceutical industry to engage in research and development. [...] Despite an ever-increasing need for safe, effective, and affordable medicines for the treatment of these diseases, drug development has virtually stopped.⁸³

In other words, ignoring NTDs amounts to economic shrewdness for certain parties, which is not sufficiently unintentional to qualify as “neglect.” Because of the particular populations they affect, treatments for NTDs have low profit margins. The populations most in need of treatments for NTDs are impoverished, which means there is no viable market to justify the production of pharmaceuticals. Further, treatments for many

⁸⁰ A. Lakoff. Two regimes of global health. *Humanity Int J Hum Rights Humanit Dev* 2010; 1(1): 59–79: 59–79.

⁸¹ J. Levich. The Gates Foundation, Ebola, and Global Health Imperialism. *Am J Econ Sociol* 2015; 74(4): 704–42: 704–42; S. Benatar. Explaining and responding to the Ebola epidemic. *Philos Ethics Humanit Med* 2015; 10(1): 5: 5; H. Ali, et al. 2016. The Social and Political Dimensions of the Ebola Response: Global Inequality, Climate Change, and Infectious Disease. In W. Leal Filho, et al., eds. *Climate Change and Health: Improving Resilience and Reducing Risks*. Climate Change Management, : 151–69.

⁸² E. Barrenho, et al. Does global drug innovation correspond to burden of disease? The neglected diseases in developed and developing countries. *Health Econ* 2019; 28(1): 123–43: 123–43.

⁸³ P. Trouiller, et al. Drug development for neglected diseases: a deficient market and a public-health policy failure. *Lancet Lond Engl* 2002; 359(9324): 2188–94: 2188–94.

NTDs are cheap antibiotics and antihelminthics which do not generate the larger profits, of say, cancer therapies, and they are short-term treatments, which also limits their profitability. In addition to this, resistance is a looming threat: antibiotics come with an expiry date, therefore the low profits can only be reaped over a limited time period. Given these considerations, “*not* making antibiotics is a rational choice for a private company that answers to shareholders and analysts, even if that choice deprives the wider world of a wider good.”⁸⁴

Yet the neglect of NTDs is not only the result of pharmaceutical abandonment. Indeed, technocratic biomedical approaches have been criticised for their inability to yield robust practical solutions; NTDs are diseases of poverty, which has multiple determinants, including access to clean water, sanitation systems, and appropriate housing and nutrition.⁸⁵ They are therefore “preventable or even eradicable with existing, safe and cost-effective tools, if only these could be made more widely available.”⁸⁶ That they have not yet been eliminated is not for lack of knowledge or resources, but for lack of political will regarding large-scale economic change. Although some Global South debt has been cancelled, the overall sum still stands in excess of 7.64 trillion dollars.⁸⁷ Further, there are considerable net financial flows from the Global South the Global North, which renders global health aid trifling and morally negligible.⁸⁸ While this is the case, expecting states to conjure the baseline levels of

⁸⁴ M. McKenna. 23 May 2015. *We Need Antibiotics. They're Not Profitable To Make. Who Pays?* News. Available at: <https://www.nationalgeographic.com/science/phenomena/germination/2015/05/23/oneill-amr-3/> [Accessed 29 June 2018].

⁸⁵ J.M. Spiegel, et al. Which New Approaches to Tackling Neglected Tropical Diseases Show Promise?. *PLOS Med* 2010; 7(5): e1000255: e1000255; P. Allotey, et al. Social sciences research in neglected tropical diseases 1: the ongoing neglect in the neglected tropical diseases. *Health Res Policy Syst* 2010; 8(1): 32: 32; Parker, et al. (cited n. 19) : S1–15.

⁸⁶ Feasey, et al. (cited n. 12) : 179–200.

⁸⁷ United Nations. Debt Vulnerabilities in Developing Countries: A New Debt Trap? (Volume I) Regional and Thematic Analyses. 2017; 96: 96.

⁸⁸ South Centre Global Governance Programme for Development. ***Capital flows from South to North. A new dynamic in global economic relations.*** Geneva, Switzerland: South Centre.

sanitation, housing, nutrition, and healthcare required to alleviate poverty seems preposterous. Nunes laments that “for all its sophistication, global health governance is still unable to identify and tackle the problems faced by a significant percentage of the world’s population – particularly the poor and underprivileged.”⁸⁹ And while global health practitioners are certainly cognizant of colonialism and poverty as causal factors in NTD prevalence, debt relief and global economic reform are rarely discussed as robust strategies for eradication.

Neglect describes a failure to meet a recognized duty; a one-off oversight, a moral lapse. Yet NTDs have not been ignored by accident; many Global South people continue to face barriers to good health for a range of interrelated structural reasons. It is perhaps more accurate to speak of “abjected tropical diseases,” which is to say, the diseases of abjected tropicalized people: those who have been represented as Other, and accordingly excluded from the global moral community in ways that serve Global North economic interests. Such an outcome is not necessarily the intentional product of any particular party—that is not how discourses work—but has rather evolved in response to, and in the service of, the pursuit of Global North self-interest. “Neglected tropical diseases” are not to be blamed for producing that discourse, but to be critically analysed for the way they reflect it.

3. CONTEXTUALISING NEGLECTED TROPICAL DISEASES

NTDs are not really tropical, since that would imply environmental determinism; they are not really neglected, since that would imply some accidental omission rather than systematic marginalisation. Rather, NTDs affect Global South people whose limited access to health systems and other determinants of good health is influenced not by the environment, but by histories of exploitation and marginalisation directed by the

⁸⁹ Nunes (cited n. 23) : 542–556.

interests of the Global North, interests that are now inscribed within the global economic system. Those affected by NTDs are those who have been cast off. Their health status is overlooked because they defy the logic of profitability, and empathy is limited because they are constructed as Other in such a way as to curtail identification.

The category of NTDs is socially constructed to contain the diseases of the “bottom billion.” The term was introduced with the intention of raising the profile of these diseases, and catalysing a more urgent eradication effort. To that end, some commendable progress has been made.⁹⁰ However, given that the tools needed for the eradication of many NTDs have existed for decades, it seems fair to claim that progress has not been fast enough. An unintended effect has been the creation of a comfortable discursive buffer zone in which these diseases, and the people who suffer from them, can be compartmentalised. The adjective “tropical” places NTDs at such a distance that one is left wondering whether their “neglect” operates as description or resignation, rather than reproach.

Of course, the answer cannot be to simply change the terminology. The terminology merely signals the fault-lines of the discourse within which it acquires its meaning, and which it then dialectically entrenches. Moreover, there are arguments to be made for retaining the constituent adjectives. To the extent that “tropical” invokes consideration of tropicality, it is a powerful and distinctive term, and preserving its use may signal an optimism that a productive discussion about tropicality awaits. Likewise, “neglect” may not be the most accurate term, but it *is* strikingly and unapologetically normative, and therefore has the potential to nudge consideration of NTDs in a more critical direction. It is rare to see a morally-loaded term in such common use within a biomedical paradigm, and its preservation may serve several functions. First, an important political reality is reflected in the long term applicability of the term: either

⁹⁰ Molyneux, & Malecela (cited n. 9) : 234.

those who advocated for its use expected that the diseases in question would remain overlooked for sufficiently long that the term would have enduring relevance, or they anticipated that the term would quickly obviate its own usefulness. Either way, urgent moral questions are presented. Second, it begins to normalise ethical, social, and political considerations within medicine, which may hold some promise if applied elsewhere.⁹¹

Yet there is another option on the table.⁹² “Diseases of poverty” is becoming an increasingly common term in the global health literature.⁹³ The broad applicability of this term (a moral concern in its own right) does not offer the specificity of “neglected tropical diseases” but it could be sharpened for the relevant contexts i.e. “diseases of Global South poverty.” “Diseases of poverty” is an important statement of a causal relationship between poverty and illness, while “neglected tropical diseases” cloaks that causality. Yet while “poverty” tends to evoke a very powerful moral failing, it is not, on its own, any more explanatory of that failing than “neglected,” where a *neglector* is implied. Either way, the overarching discourse—our collective understanding of inequality and moral exclusion—will be much more determinative of the possibilities the terms entail.

Whatever terminology is used, more concerted efforts must be made to ensure that discussions of Global South disease burden are always appropriately historicised and contextualised. Students learning about NTDs, even in purely biomedical settings, must be offered an understanding of the discourses within whose context the diseases come to form a category. Otherwise neglect becomes paired with “tropical” or “Global

⁹¹ Consider the potential power of replacing “medically unexplained symptoms in women” with “neglected women’s diseases.” See e.g.: A. Shahvisi. Medicine is patriarchal, but alternative medicine is not the answer. *J Bioethical Inq* 2018; 1–14: 1–14.

⁹² Thanks to an anonymous reviewer for this suggestion.

⁹³ See e.g.: R. Horton. Medical journals: evidence of bias against the diseases of poverty. *The Lancet* 2003; 361(9359): 712–13: 712–13.

South” in opaque ways that further ingrain a sense of inevitability, and deter those who may otherwise challenge those associations. That means learning about the history of colonialism and tropical medicine, as well as the current realities of neocolonialism and social determinants of health as they relate to global health. Likewise, researchers, public health professionals, and NTD campaigners should acknowledge the significance of the social construction of the term by ensuring that it is duly accompanied by explanatory details of its broader context, such that important questions (“Why ‘tropical’ regions?” and “Why are *these* diseases neglected?”) are performatively answered, even if, given the dominance of the accommodating discourses, they are rarely asked.

In order for that context to be productively incorporated into teaching, scholarship, and policy, there must be a literature to consult, and a culture of interdisciplinary collaboration. As it stands, the inclusion of social and political considerations in NTD research is inadequate, and there is insufficient evidence that biomedical approaches to NTDs pay due regard to social and political factors in their work. Reidpath *et al.* carried out a bibliographic analysis of social science research on NTDs, and found “little evidence that scientists pay any attention to the complex social, cultural, biological, and environmental dynamic involved in human pathogenesis [...] The research needs more sophisticated funders and priority setters who are not beguiled by uncritical biomedical promises.”⁹⁴ From the other direction, a 2010 systematic review of articles mentioning “neglected tropical diseases” in “social science-oriented” journals returned no results.⁹⁵ Evidently, the interplay of NTDs and their social and political determinants is also neglected area, which is surely an important factor in their overall neglect. Input from the social sciences and humanities is important in challenging the broader

⁹⁴ D.D. Reidpath, et al. Social sciences research in neglected tropical diseases 2: A bibliographic analysis. *Health Res Policy Syst* 2011; 9(1): 1: 1.

⁹⁵ B. Mantilla. The invisible plagues: a conceptual model of the neglect of neglected tropical diseases. *Soc Med* 2011; 6(2): 118–127: 118–127.

contours of the NTD and global health agenda, and promises to keep the concomitant biomedical projects to course. Interdisciplinary discussions are essential in, for example: critiquing the overarching development discourse,⁹⁶ ensuring that dominant public health approaches are subject to continual appraisal,⁹⁷ interrogating the limits of the NGOization of Global South nations,⁹⁸ questioning the efficacy of disease-specific interventions,⁹⁹ centring Global South perspectives,¹⁰⁰ determining the moral responsibilities of Global South actors¹⁰¹ and emphasising the importance of South-South solidarity.¹⁰²

4. CONCLUSION

The aim of this paper has been to demonstrate that terminology matters. Discourses of “neglected tropical diseases” tend to circumvent historical and political context, which generates a narrative in which swathes of the world are cast as Other, locked into a compelling logic which renders their suffering inevitable. Television adverts or charity campaigns featuring starving or diseased bodies of colour remind Global North onlookers of the seemingly timeless and essential correlation between disease, poverty, and the Global South. There is a grim comfort to the predictability and reliability of simplistic categorisations, especially when they serve to place the abjected—and their suffering—at a distance. Without explanatory context, we cannot expect to see the shift

⁹⁶ E. Missoni. Degrowth and health: local action should be linked to global policies and governance for health. *Sustain Sci* 2015; 10(3): 439–50: 439–50; J.N. Pieterse. My paradigm or yours? Alternative development, post-development, reflexive development. *Dev Change* 1998; 29(2): 343–373: 343–373.

⁹⁷ M. Parker, & T. Allen. De-politicizing parasites: reflections on attempts to control the control of neglected tropical diseases. *Med Anthropol* 2014; 33(3): 223–239: 223–239.

⁹⁸ A. Shahvisi. ‘Women’s empowerment,’ imperialism, and the global gag rule. *Kohl J Body Gend Res* 2018.

⁹⁹ Mantilla (cited n. 96) : 118–127.

¹⁰⁰ J.T. Crane. Unequal ‘partners’. AIDS, academia, and the rise of global health. *BEHEMOTH- J Civilis* 2010; 3(3): 78–97: 78–97.

¹⁰¹ T. Metz. How to deal with neglected tropical diseases in the light of an African ethic. *Dev World Bioeth* 2018; 18(3): 233–240: 233–240.

¹⁰² L.C. Ivers, et al. South-South collaboration in scale up of HIV care: building human capacity for care. *AIDS Lond Engl* 2010; 24(Suppl 1): S73–78: S73–78.

in public opinion that will be required to pressure powerful parties in the Global North and the Global South to address the determinants of NTDs.

In the absence of that context, the adjective “tropical” conjures a sense of inevitability due to environmental determinism, which is inaccurate and misleading. Likewise, in the absence of a critical discussion of global economics, the adjective “neglected” is liable to portray NTDs as accidentally forgotten, rather than deliberately permitted to harm people too impoverished to be included in our economic logic or moral community.

I have suggested that either the term NTD be retained, since with the appropriate context, its power to motivate change is restored, or that a term embodying a more direct causal relationship be adopted, e.g. diseases of Global South poverty. More importantly, I recommend that greater efforts are made, in the context of education and research, to not only describe the geographies of disease burden, but also to explain them, and then to refuse to accept them. NTDs will not be eradicated by “magic bullet” offerings,¹⁰³ whether they be medical or terminological. With respect to both language and health, collective attention to context makes all the difference. Only then will we begin to imagine the broader changes that will eliminate the moral and economic inequalities which shore up neglect.

¹⁰³ Allotey, *et al.* (cited n. 86) : 32.